OIPE	140	08-18-0				
	P \		PTO/SB/21 (07-06) Approved for use through 09/30/2006. OMB 0651-0031			
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	TRANSMITTAL	Application Number	10/698,730			
CAT & TRA		Filing Date	October 31, 2003			
	FORM	First Named Inventor	Yuichi likubo			
		Art Unit	1621			
1	(to be used for all correspondence after initial filing)	Examiner Name	Elvis O. Price			
7	Total Number of Pages in This Submission	Attorney Docket Number	PC3-060			

ENCLOSURES (Check all that apply)							
<b>V</b>	Fee Transmittal Form	Drawing(s)	After Allowance Communication	on to TC			
	Fee Attached	Licensing-related Papers	Appeal Communication to Bos of Appeals and Interferences	ırd			
	Amendment/Reply  After Final  Affidavits/declaration(s)  Extension of Time Request  Express Abandonment Request  Supplemental Information Disclosure Statement  Certified Copy of Priority Document(s)  Reply to Missing Parts/ Incomplete Application  Reply to Missing Parts under 37 CFR 1.52 or 1.53	Petition Petition to Convert to a Provisional Application Power of Attorney, Revocation Change of Correspondence Ad Terminal Disclaimer Request for Refund CD, Number of CD(s) Landscape Table on CD Remarks Customer No. 021567	Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) Proprietary Information  Status Letter Other Enclosure(s) (please Identification): PTO Return Receipt Postcard Check no. 151059 for \$180.00 Form PTO-1449				
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT							
Firm Name Wells St. John F.S.							
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August 16, 2006

PTO/SB/17 (07-06)

AUG 16 2006 Approved for use through 01/31/2007. OMB 0651-0032 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE of 1995 no persons are required to respond to a collection of information unless it displays a valid OMB control number Effective on 12/08/2004. Fees pursuant of the OSAN contrated Appropriations Act, 2005 (H.R. 4818). Complete if Known 10/698,730 Application Number TRANSMIT Filing Date October 13, 2003 For FY 2005 First Named Inventor Yuichi likubo Examiner Name Elvis O. Price Applicant claims small entity status. See 37 CFR 1.27 Art Unit 1621 TOTAL AMOUNT OF PAYMENT 180.00 Attorney Docket No. PC3-060 METHOD OF PAYMENT (check all that apply) Check None Credit Card Money Order Other (please identify): \_ Deposit Account Name: Wells St. John P.S. Deposit Account Deposit Account Number: 23-0925 For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. **FEE CALCULATION** 1. BASIC FILING, SEARCH, AND EXAMINATION FEES **FILING FEES** SEARCH FEES **EXAMINATION FEES** Small Entity **Small Entity** Small Entity **Application Type** Fee (\$) Fees Paid (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Utility 300 150 500 200 100 250 0.00 Design 200 100 100 130 0.00 50 65 0.00 Plant 200 100 300 150 160 80 Reissue 300 500 600 n 150 300 250 200 Provisional 100 0 0.00 2. EXCESS CLAIM FEES **Small Entity** Fee Description Fee (\$) Fee (\$) Each claim over 20 (including Reissues) 50 25 Each independent claim over 3 (including Reissues) 200 100 Multiple dependent claims 360 180 **Total Claims** Multiple Dependent Claims **Extra Claims** Fee Paid (\$) - 20 or HP = 0 Fee (\$) Fee Paid (\$) HP = highest number of total claims paid for, if greater than 20. 0.00 Indep. Claims Extra Claims Fee Paid (\$) Fee (\$) - 3 or HP = 0 0.00 HP = highest number of independent claims paid for, if greater than 3. **APPLICATION SIZE FEE** If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Number of each additional 50 or fraction thereof Fee Paid (\$) Total Sheets Extra Sheets (round up to a whole number) x 0.00 4. OTHER FEE(S) Fees Paid (\$) Non-English Specification, \$130 fee (no small entity discount) 0.00 Other (e.g., late filing supeharge): Supplemental Information Disclosure Statement 180.00

SUBMITTED BY Registration No. 46,791 Telephone (509) 624-4276 Signature (Attorney/Agent) Name (Print/Type) Robert C. Hyte

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